



DARTMOUTH PUBLIC SCHOOLS

8 Bush Street, Dartmouth, MA 02748

Phone: 508-997-3391 Fax: 508-991-4184 Website: dartmouthps.schoolfusion.us

New Student Registration Form

PLEASE PRINT: AS IT APPEARS ON BIRTH CERTIFICATE

| | | | | |
|--------------------------------------|--------|--|--------------|---|
| STUDENT NAME: <i>Legal Last Name</i> | | STUDENT NAME: <i>Legal First Name</i> | School _____ | Grade: _____ |
| | | Legal Middle Name <input type="checkbox"/> Check if none | | |
| BIRTHDATE (Month/Day/Year) | GENDER | BIRTHPLACE: <i>City</i> | State _____ | Country _____ |
| | | | | In USA less than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> Country? |

| | | | | | | |
|---|---|---|-------------------|--------------|-----------------------|--------------|
| PRIMARY CONTACTS | STUDENT LIVES WITH | (Parent/Guardian where student resides) | | PHONE | Home - _____ | |
| | <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Ward of state <input type="checkbox"/> Other _____ | LAST NAME: _____ | | | PHONE | Work - _____ |
| | | FIRST NAME: _____ | | | | Cell - _____ |
| | | (Parent/Guardian where student resides) | | Home - _____ | | |
| | | | LAST NAME: _____ | | PHONE | Work - _____ |
| | | | FIRST NAME: _____ | | | Cell - _____ |
| ADDRESS _____ | | Apt # _____ | City _____ | State _____ | | Zip _____ |
| MAILING ADDRESS (if different from above) _____ | | Apt # _____ | P.O. Box _____ | City _____ | State _____ Zip _____ | |

e-MAIL ADDRESS(ES) -- If you would like to make your e-mail address(es) available to teachers and administrators please write it (them) here:

| | | | | | | |
|-------------------------------------|---|--|--|----------------------|--------------|--------------|
| SECONDARY HOUSEHOLD | RELATIONSHIP | (Parent/Guardian where student resides) | | PHONE | Home - _____ | |
| | <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Agency <input type="checkbox"/> Ward of state <input type="checkbox"/> Other _____ | LAST NAME: _____ | | | PHONE | Work - _____ |
| | | FIRST NAME: _____ | | | | Cell - _____ |
| | | MAILING ADDRESS _____ | | Apt #/P.O. Box _____ | | City _____ |
| ADDITIONAL MAILINGS REQUESTED _____ | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

IS THERE A JOINT-CUSTODY OR PARENTING DOCUMENT IN EFFECT? Yes No (If yes, document must be on file with the school for enforcement)

Who has legal custody of this child? (*Last, First, Middle Initial*) _____ Relationship to Child _____

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, document must be on file with the school for enforcement)

Restraining order is against: Mother Father Other _____

| | | |
|----------------------------|-------------------------------------|---|
| SCHOOL PREVIOUSLY ATTENDED | SCHOOL DISTRICT PREVIOUSLY ATTENDED | PREVIOUS SCHOOL LOCATION (City and State) |
|----------------------------|-------------------------------------|---|

HAS THIS STUDENT EVER ATTENDED DARTMOUTH PUBLIC SCHOOLS? Yes No IF YES, NAME OF SCHOOL ATTENDED: _____

IS EITHER PARENT/GUARDIAN ON MILITARY ACTIVE DUTY?? Yes No Date: _____

HAS THIS STUDENT EVER BEEN SUSPENDED OR EXPELLED FOR A WEAPONS VIOLATION? Yes No Date: _____

HAS THIS STUDENT EVER BEEN CHARGED OR CONVICTED OF A FELONY UNDER MASS. GEN. LAWS CHAPTER 71, SECTION 37B 1/2? Yes No Date: _____

| | |
|---|--|
| IS THIS CHILD CURRENTLY ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of most recent IEP _____ | HAS THIS CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____ |
| HAS THIS CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title 1 Reading <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Counseling <input type="checkbox"/> ELL Program <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> 504 Plan (Date of most recent plan _____) <input type="checkbox"/> Other _____ | |
| PLEASE PROVIDE A COPY OF YOUR CHILD'S MOST RECENT IEP/504 PLAN. <input type="checkbox"/> Received | |

The Dartmouth Public Schools is an affirmative action employer, ensuring that its programs and facilities are accessible to the public. We do not discriminate on the basis of race, creed, color, age, sex, gender identity, national origin, disability or sexual orientation.

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HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ F M
 Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school _____
 (mm/dd/yyyy)

School Information

Start Date in New School (mm/dd/yyyy) _____ / _____ /20 _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one)

_____ (mother / father / guardian)
 _____ (mother / father / guardian)

Which language(s) are spoken with your child?
 (include relatives -grandparents, uncles, aunts, etc. - and caregivers)

_____ seldom / sometimes / often / always
 _____ seldom / sometimes / often / always

What language did your child first understand and speak?

Which language do you use most with your child?

Which other languages does your child know?
 (circle all that apply)

_____ speak / read / write
 _____ speak / read / write

Which languages does your child use?
 (circle one)

_____ seldom / sometimes / often / always
 _____ seldom / sometimes / often / always

Will you require written information from school in a language other than English?

Y N

Will you require an interpreter/translator when you are at the school?

Y N

Parent/Guardian Signature:

X

Date: _____

To Be Completed by ELE Staff:

_____ Proficiency Testing/Records Review
 _____ Intake Test Score
 _____ Level

Need ELE Services: ___ Yes ___ No

ELE Staff Initials: _____ Date _____



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SCHOOL BUS INFORMATION

Dear Parent(s)/Guardian(s):

Please fill out the following to provide us with information to help us formulate our bus lists for the school year.

If this information should change at any time, it is most important that you notify the secretary of your child's school as soon as possible.

We will only bus to one location.

Date: _____

Please circle your school: Cushman DeMello Potter Quinn DMS DHS

Student Name: _____

Student Address: _____

ARRIVAL:

My child will be picked up:

- Neighborhood Bus Stop Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- I will Drop Off Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- Daycare Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Daycare Name: _____

Daycare Address: _____

Daycare Phone Number: _____

DISMISSAL:

My child will be dropped off:

- Neighborhood Bus Stop Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- I will Pick Up Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- Daycare Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Daycare Name: _____

Daycare Address: _____

Daycare Phone Number: _____



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It is the Dartmouth Public Schools' goal to preserve the limited classroom space for Dartmouth residents, by safeguarding the credibility of the residency requirements set forth by the Dartmouth School Committee to avoid educating students not actually residing in Dartmouth.

Before your child/ren is invited to attend the Dartmouth Public Schools, he/she must live with his/her parent(s) or legal guardian(s) in Dartmouth. Guardianship consists of a legal document from a court or other legal agencies.

- Registrations will not be accepted unless a valid Massachusetts Driver's License or a Massachusetts ID issued by the Registry of Motor Vehicles with your current address has been provided along with three (3) forms of proof of residency listed below:

One form from each column specifying the parent/guardian's residency/address must be provided

(For Column A, if the family is currently living with a family member or a friend, a Landlord Affidavit must be completed and copy of their deed or mortgage statement must be provided)

| Column A | Column B | Column C |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Quitclaim Deed if you do not have a mortgage <input type="checkbox"/> Copy of mortgage statement AND recent receipt <input type="checkbox"/> Copy of Lease Agreement (including BHA & HUD leases) AND a recent rent receipt <input type="checkbox"/> Legal affidavit from landlord affirming tenancy AND recent rent receipt <input type="checkbox"/> Purchase and Sales Agreement <input type="checkbox"/> Placement Letter | <p>A utility bill or utility new service work order dated within the past 60 days:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gas Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Home Telephone Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> N/A <p><i>*Cell phone bill is NOT Acceptable</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Current Vehicle Registration/Insurance <p>Dated within the Past Year:</p> <ul style="list-style-type: none"> <input type="checkbox"/> W2 Form <input type="checkbox"/> Vehicle Excise Tax Bill <input type="checkbox"/> Property Tax Bill <p>Dated within the 60 Days:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from Approved Govt. Agency <input type="checkbox"/> Payroll Stub <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> N/A |

Important Required Documents

- A full copy of your child/ren birth certificate(s) is required. (Not an abstract)
- Copy of most recent Physical (within 1 year)
- A copy of your child/ren immunizations.
- Custody Agreement

Important Notes

- If a Family is sharing housing with an individual or family and does NOT pay rent. Information in the name of that person/family must also be submitted.
- If necessary, in order to preserve the credibility of the residency requirements, site visits will be conducted by the Attendance Officer.
- If your residency changes within the school year, you **must** provide that information to the school in order for your child/ren's records to be properly transferred to the new school in a timely manner.
- This residency policy does NOT apply to children who qualify under the McKinney-Vento Homeless Education Assistance Act.



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RESIDENCY AFFIDAVIT – LANDLORD/SHARED TENANCIES

Any applicant seeking to have their child(ren) attend the Dartmouth Public Schools who cannot produce a property deed or lease must have the owner or lessee of the property where the applicant lives complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, *unless this affidavit affirms in #3 below that the tenancy does not require rent payment.*

My name is _____, and I hereby depose and certify as follows:
(Please complete all three items and sign below).

1. I am the owner/property manager of the property located at _____ in Dartmouth.

2. _____, who is the parent/legal guardian of _____, leases/rents this property as their principal residence as a tenancy at-will, from month to month.

3. CHECK ONE:

_____ I have received within the last thirty (30) days rental payment for the lease/rent of said premises.

_____ I hereby state that the above named party resides with me at the address above with no rental payment and no utility bills.

As the owner/property manager, I understand that this affidavit will be relied upon by the Dartmouth Public Schools for the purpose of determining the above student's eligibility to attend the Dartmouth Public Schools on the basis of residency. If said student is enrolled in the Dartmouth Public Schools based upon information contained in this affidavit and it is subsequently determined that the student does not actually reside in Dartmouth, I/we understand that the student's enrollment in the Dartmouth Public Schools will be promptly terminated and I/we will be jointly liable to the Dartmouth Public Schools for the student's tuition for the duration of the student's attendance in the Dartmouth Public Schools.

Signed under the pains and penalties of perjury this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Print Address (including City, State, Zip): _____

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

Date _____

On this _____ day of _____, 20_____ before me, the undersigned Notary Public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public
My Commission Expires: _____

Note: The information contained in this legal affidavit is subject to verification by a residency investigator.

ATTENTION

HEALTH REQUIREMENTS FOR KINDERGARTEN ENTRANCE

DOCUMENTATION REQUIRED BEFORE CHILD ENTERS SCHOOL

| | |
|---|--|
| *PHYSICAL EXAM (with proof of Vision & Hearing exam by physician) | WITHIN ONE YEAR PRIOR TO SCHOOL ENTRY |
| MMR | 2 DOSES |
| D.P.T. – DTaP | 5 DOSES |
| POLIO | 4 DOSES |
| HEPATITIS B VACCINE | 3 DOSES |
| VARICELLA VACCINE (or physician documentation of chickenpox disease) | 2 DOSES |
| LEAD TEST & RESULTS | 1 TEST |
| T.B. RISK ASSESSMENT (during physical exam) | |
| EITHER RESULTS/RISK | |

- * If your child's physical exam was done between September and June of the upcoming school year you may submit a copy of that exam. However, you will then be responsible for supplying the school with documentation of your child's next yearly physical.

If your child is exempt from receiving immunizations due to religious or medical reasons please provide appropriate documentation to the school nurse each school year.

PLEASE TAKE THIS PAPER AND SHOW IT TO YOUR PHYSICIAN WHEN YOUR CHILD GOES FOR HIS/HER PHYSICAL.



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Massachusetts School Immunization Requirements

| | Child Care/Preschool ¹ | Kindergarten | Grades 1-6 | Grades 7-12 | College ² |
|----------------------------------|-----------------------------------|------------------|---|---|---|
| Hepatitis B ³ | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses for all health science students and fulltime undergraduate and graduate students |
| DTaP/DTP/DT/Td/Tdap ⁴ | ≥4 doses DTaP/DTP | 5 doses DTaP/DTP | ≥4 doses DTaP/DTP or ≥3 doses Td | 4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap (See Phase-In Schedule) | All health science students and full-time freshmen-seniors: 1 dose Tdap Full-time graduates: 1 dose Td (See Phase-In Schedule) |
| Polio ⁵ | > 3 doses | 4 doses | ≥ 3 doses | > 3 doses | N/A |
| Hib ⁶ | 1 to 4 doses ⁶ | N/A | N/A | N/A | N/A |
| MMMR ⁷ | 1 dose | 2 doses | Grade 1-3: 2 doses Grades 4-6: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule) | Grades 7-10: 2 doses Grades 11-12: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule) | All health science students and full-time freshmen-seniors: 2 doses Full-time graduates: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule) |
| Varicella ⁸ | 1 dose | 2 doses | Grade 1-3: 2 doses Grades 4-6: 1 dose (See Phase-In Schedule) | Grades 7-10: 2 doses Grades 11-12: 1 dose (See Phase-In Schedule) | All health science students and full-time freshmen-seniors: 2 doses (See Phase-In Schedule) |
| Meningococcal ^{9,10} | N/A | N/A | N/A ¹⁰ | 1 dose for new full-time residential students ⁹ | 1 dose for full-time residential students ⁹ |

N/A = no vaccine requirement for the grades indicated.

- These requirements also apply to all new "entrants."
- If a child has turned 4 years old by the registration date, he or she must have received the Pre-K/K immunizations. However, if the child is only 3 years old at the time of registration, he or she is NOT expected to have received the 4 year old immunizations.
- We strongly recommend that your child have a Tuberculosis Risk Assessment, physical examination, lead test date results and vision and hearing testing done on the child's 5th birthday.

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2014-2017

| | 2015 | 2016 | 2017 |
|-------------------------------------|--|--|--|
| 2MMR And 2 Varicella | K-4 and 7-11 College: full-time freshmen-graduates; all health science | K-5 and 7-12 College: full-time freshmen-graduates; all health science | K-12 College: full-time Freshmen-graduates; All health science |
| Tdap | Grades 7-11 College: full-time Freshmen-graduates; all health science | Grades 7-12 College: full-time Freshmen-graduates; all health science | Grades 7-12 College: full-time Freshmen-graduates; all health science |

¹ Child Care/Preschool: Minimum requirements by 24 months; immunize younger children according to their age.

² College: Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any post-secondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

³ Hepatitis B: 3 doses required for child care attendance and preschool entry, kindergarten-12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

⁴ DTaP/DT/dT/d: ≥4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DT/dT/d required for school entry unless the 4th dose is given ≥ the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DT/d. One dose of Tdap is required for all students entering grade 7-10, full-time college freshmen-seniors and all health science students. If it has been <5 years since the last dose of DTaP/DT/dT/d, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

⁵ Polio: ≥3 doses required for child care attendance and entry into preschool. 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and ≥6 months following the 4th birth and ≥6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4-6 years.

⁶ Hib: Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

⁷ MMR: 1 dose of MMR is required for child care attendance and preschool entry; 2 doses are required for kindergarten-grade 3, grade 7-10, college freshmen-seniors and all health science students. Laboratory proof of immunity is acceptable. For college students, except health science students, birth before 1957 in the U.S. is also acceptable. See Phase-In Schedule below.

⁸ Varicella: 1 dose required for child care attendance and preschool entry; 2 doses required for kindergarten-grade 3, grade 7-10, and college freshmen-seniors and all health science students, unless they have a reliable history of chickenpox. A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. Birth before 1980 in U.S. is acceptable for college students, except health science students. See Phase-In Schedule below.

⁹ Meningococcal: 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school and grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who will live in a dormitory or comparable congregate living arrangement approved program at a post-secondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

¹⁰ At residential schools with lower grades: The requirements apply to residential students in grades pre-K through 8 only if the school combines these grades in the same school with students in grades 9-12.

Dartmouth Health Questionnaire

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian: _____ Telephone: _____

Address: _____

The list below is designed in part to help identify those issues which may have an effect upon your child in the classroom setting and for his/her well being in the school. All of the information provided may be shared at the nurse's discretion with the appropriate faculty and staff to ensure student safety.

| Yes | No | | Yes | No | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to Food _____ | <input type="checkbox"/> | <input type="checkbox"/> | Head Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to Medication _____ | <input type="checkbox"/> | <input type="checkbox"/> | Heart Problems/Murmurs |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to Insect Bites | <input type="checkbox"/> | <input type="checkbox"/> | Immune Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Epipen Kit | <input type="checkbox"/> | <input type="checkbox"/> | Medications _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Nose bleeds (frequent) |
| <input type="checkbox"/> | <input type="checkbox"/> | Inhaler _____ | <input type="checkbox"/> | <input type="checkbox"/> | Physical Limitations _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Ear or Throat Infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone, Joint, Muscle Problem | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Communicable Disease | <input type="checkbox"/> | <input type="checkbox"/> | Visual Problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsions/Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Glasses/Contacts |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Recent Illness, Accident or Operation _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dietary Restrictions | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Headaches (frequent) | <input type="checkbox"/> | <input type="checkbox"/> | Skin Problems |

Please be specific if you have answered yes to any of the above. Also, if you would like to add any additional information regarding your child's physical and/or emotional well-being to the school nurse's attention or school physician's attention, please do so at the space provided below. Please schedule an appointment with your child's school nurse prior to the beginning of the school year if he/she has health concerns. Thank you.

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Parent/Guardian's Signature: _____ Date: _____

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Parents: Please complete this section only.

School Use Only.

MASSACHUSETTS SCHOOL HEALTH RECORD

School Name _____ Year of Graduation _____
 Name _____ Primary Language Spoken (home) _____
 Last _____ First _____ Middle _____ Place of Birth _____
 Street _____ City/Town, State, Zip Code _____

Contact Information

(1) Parent/Guardian: _____
 Name & Mailing Address if different: _____
 Phone Numbers: Home _____ Work _____ Cell _____ FAX _____

(2) Parent/Guardian: _____
 Name & Mailing Address if different: _____
 Phone Numbers: Home _____ Work _____ Cell _____ FAX _____

Emergency Contact Information

(1) Emergency Contact: _____
 Name & Phone Number: _____

(2) Emergency Contact: _____
 Name & Phone Number: _____

Primary Care Provider: _____ Name: _____
 Phone Number: _____

Dental Care Provider: _____ Name: _____
 Phone Number: _____

Health Insurance: _____
 Allergies: _____

Primary Custody (if not joint) _____

| General | | Growth | | | Vision | | | Hearing | | | Postural | | | | | | | | | |
|-----------------|------|--------|-----|-----|--------|-----|-----------------------|---------|-----------|-------|----------|-------|-----------|-------|----------|-------|------|-------|-------|--|
| School District | Year | Grade | Age | Ht. | Wt. | BMI | Preschool Certificate | | Right Eye | | Left Eye | | Right Ear | | Left Ear | | Pass | | Refer | |
| | | | | | | | Pass | Refer | Pass | Refer | Pass | Refer | Pass | Refer | Pass | Refer | Pass | Refer | | |
| | | Pre K | | | | | | | | | | | | | | | | | | |
| | | K | | | | | | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | | | | | | | | |
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| | | 7 | | | | | | | | | | | | | | | | | | |
| | | 8 | | | | | | | | | | | | | | | | | | |
| | | 9 | | | | | | | | | | | | | | | | | | |
| | | 10 | | | | | | | | | | | | | | | | | | |
| | | 11 | | | | | | | | | | | | | | | | | | |
| | | 12 | | | | | | | | | | | | | | | | | | |

Special Testing: Lead Date _____ / _____ / _____; result _____
 Tuberculin 1. Date of PPD _____ / _____ / _____; result _____
 Date of PPD _____ / _____ / _____; result _____
 Low risk (no PPD done)

*School District on Waiver in accordance with MGL c71, s57 indicated by * in 'Grade' column.
 • Immunizations: Please attach complete Massachusetts Immunization Certificate/record
 • Due to software differences, this form may be used as a template for other formats. (All information on this form must be included.)



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KINDERGARTEN TRANSLATION PACKETS AVAILABLE PACOTES DE INFÂNCIA de tradução disponível PAQUETES DE TRADUCCIÓN DE KINDER DISPONIBLES

Português

- Kindergarten Carta de Boas Vindas
- Formulário de Registo
- Requisitos de Residência
- Pesquisa de idioma doméstico

Se você precisar de informações de registro de jardim de infância em sua língua nativa, por favor ligue para a Sra Sousa, o secretário em 508-997-3391 x 1108.

Español

- Carta de Bienvenida
- Forma de Registro
- Requisitos de Residencia
- Encuesta del idioma hablado en el hogar

Si necesita información de registro jardín de niños en su lengua materna, por favor llame a la Sra Sousa Secretario a 508-997-3391 x 1108.